

# Wisconsin Department of Regulation & Licensing

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### BARBERING AND COSMETOLOGY ESTABLISHMENT APPLICATION

**IMPORTANT:** Submit this application at least 2 weeks but not more than 4 weeks prior to your opening date. Failure to meet the filing deadline could adversely affect the opening date.

USE TYPEWRITER OR PRINT IN INK

<b>1. APPLICATION FOR:</b> <input type="checkbox"/> New Establishment <input type="checkbox"/> Chair/Booth Leasing		<input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership		<b>2. ANTICIPATED OPENING DATE:</b>
<b>3. TYPE OF ESTABLISHMENT AND RESPONSIBLE LICENSEE</b> (print clearly):				
<input type="checkbox"/> Barber/Cosmetology (Full Service)		Name		Mgr Lic. #
<input type="checkbox"/> Manicuring Only		Name		Lic. #
<input type="checkbox"/> Aesthetics Only		Name		Lic. #
<input type="checkbox"/> Electrology Only		Name		Lic. #
<b>4. PROPOSED ESTABLISHMENT NAME AND ADDRESS</b> (number, street, post office box, city, zip code)  Name of Establishment _____  Address _____				<b>5. COUNTY</b>
<b>6. OWNER'S NAME AND RESIDENCE ADDRESS</b> (number, street, city, zip code) (If a corporation, provide the name and address of registered agent. If chair/booth leasing, provide name of person renting this space. Do not list the person renting from.)				<b>7. COUNTY</b>
<b>8. OWNER'S HOME TELEPHONE NUMBER</b> ( )		<b>For Receipting Use Only</b>		
<b>9. OWNER'S DAYTIME BUSINESS TELEPHONE NUMBER</b> ( )				
<b>10. IF, WITH THE OPENING OF THIS ESTABLISHMENT, you are closing a currently-licensed establishment, please indicate the name and license number for that location and the closing date.</b>				
APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to application.  \$ 53 Initial Credential Fee				

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## 11. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

YES      NO

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| A. | Has the establishment or any of its officers ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending? <u>If YES, complete and attach Form #2252.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Has the establishment or any of its officers ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Has any licensing or other credentialing agency ever taken any disciplinary action against the establishment or any of its officers, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Is disciplinary action pending against the establishment or any of its officers in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Have any suits or claims ever been filed against establishment as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Does the establishment currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

\*Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the Board is subject to sec. 111.321, 111.322, and 111.335, Stats. Licensing decisions will also take due note of sec. 454.145(2)(d), Stats., concerning "a felony committed while engaged in the practice of barbering or cosmetology, aesthetics, electrology or manicuring."

## 12. FLOOR PLAN OF PROPOSED ESTABLISHMENT

Draw a floor plan for your proposed establishment. You do not need to send a blueprint; a hand-drawing will suffice. Indicate on this floor plan the location of items (a) through (d). If this is a chair or booth leased area, you must draw the floor plan and indicate the location of your area. All floor plans must include the location of the following items:

- (a) Work Station(s)
- (b) Basin(s) which have hot and cold running water designed for the service to be provided.
- (c) Basin(s) constructed and available to permit licensees to wash their hands prior to serving each patron and following removal of gloves. (NOTE: Required for all establishment types.)
- (d) Area(s) used as a dispensary. (NOTE: Dispensary cannot be the toilet room.)

Failure to provide the floor plan will delay the processing of the application. **Each application including chair booth/lease must include a floor plan.**

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## 13. AFFIDAVIT OF APPLICANT

I hereby certify that the information provided in this application is true and that all areas of the establishment to be licensed are in good repair, and in clean, safe condition. I further certify that I have obtained authorization from local officials to open the establishment in this location.

As the owner and/or manager of this establishment, I have read and shall be responsible for compliance with Chapter 454, Stats., and Chapters BC 2, 3, and 4, Wis. Admin. Code.

I understand that pursuant to sec. 454.15(2)(a), Stats., the provisions of false information on this form are grounds for license revocation or other disciplinary action. I further understand that pursuant to sec. 454.15, Stats., I may be disciplined or subject to forfeiture for failure to comply with Chapter 454 and the administrative codes of the Barbering and Cosmetology Examining Board.

### FOR BARBER AND COSMETOLOGY ESTABLISHMENTS

Signature(s) of Individual, Officer or Partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Manager

\_\_\_\_\_

Signature of Owner/Manager, if same person

### FOR MANICURING, ELECTROLOGY AND AESTHETICS ESTABLISHMENTS

Signature(s) of Individual, Officer or Partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each application for an establishment license must be submitted with:

- Establishment Application (Form #1397)
- \$53.00 Fee
- Floor Plan (drawn in #12)
- Social Security Number or FEIN (Form #2552)
- Compliance Inspection Report (Form #2471)

## IMPORTANT REMINDER

**COMPLETE AND RETURN THE COMPLIANCE INSPECTION REPORT (FORM #2471)  
WITH YOUR ESTABLISHMENT APPLICATION.**

**WE WILL NOT BE ABLE TO PROCESS YOUR ESTABLISHMENT APPLICATION WITHOUT  
FORM #2471 COMPLETED IN ITS ENTIRETY.**